NHS
Berkshire Healthcare
NHS Foundation Trust

Mental Health and Wellbeing

Slough GHT

Care Quality Commission Inspected and rated Outstanding

#NoExcuse ForAbuse

disability confident LEADER

VETERAN AWARE

Stonewall LGBTQ+ INCLUSIVE EMPLOYER TOP 100 2023

RACE EQUALITY MATTERS TRAIL BLAZER

What are the Mental Health Support and Getting Help Teams?

NHS
Berkshire Healthcare
NHS Foundation Trust

- Provide early support and prevention of mental health difficulties
- Age 5-17
- Initial assessments
- Low intensity self-help CBT interventions
- 1:1 support for 12+ and parent-led interventions for primary aged

MHST's are assigned to certain schools across East Berkshire and assist schools to develop a whole-school approach to positive mental health and wellbeing.

GHT provide support for those who do not attend a MHST school.

Working hours Mon-Fri 9am-5pm

The Getting Help Team

NHS
Berkshire Healthcare
NHS Foundation Trust

- Jade Hens - Team Lead
- Julie Slade – Advanced Mental Health Practitioner
- Devika Mann - Children Wellbeing Practitioner (CWP)
- Hannah Prior - Children Wellbeing Practitioner (CWP)
- Afrida Ahmed – Senior Mental Health Practitioner
- Maheen Ahmed – Trainee Children Wellbeing Practitioner (CWP)

THRIVE NEEDS-BASED GROUPS

NHS
Berkshire Healthcare
NHS Foundation Trust

CYP with mild or temporary difficulties. Intervention is in the community &/or self-support.

CYP who need focused, evidence-based help & support.
Clear aims & criteria for assessing whether goals have been achieved.

Risk management is present in all areas. Acknowledges the needs of CYP who are unable to benefit from evidence-based treatment but remain a significant concern & risk.

CYP who may have overlapping/multiple needs.
Unable to participate in daily activities.
CYP may experience daily stress and need increased supervision.

Spotting signs of Anxiety

Berkshire Healthcare NHS Foundation Trust

Cognitions

Excessive worry about many things

Prolonged fear of something (e.g. phobia)

Physical Symptoms

Stomach aches, headaches

“Butterflies” in stomach

Blurred vision

Loss of bladder control

Behaviours

Avoidance of situations/activities

Changes to routine

Frequent reassurance-seeking

Spotting signs of Low Mood

Berkshire Healthcare NHS Foundation Trust

Presentation (How they may appear)

Low or flat affect

Tearful or emotionless

Irritable or tired

Suicidal thoughts/expressions

Low self-esteem

Lack of motivation

Noticeable weight changes

Behaviours

Social withdrawal / isolation

Seeing friends and family less

Reduced interest in enjoyable activities

Changes in sleep and appetite

Low energy

Physical Symptoms

Headaches

Stomach aches

Fatigue

Development of Mental Health Difficulties

NHS
Berkshire Healthcare
NHS Foundation Trust

Contributing Factors:

Adverse life events

- e.g. moving house or school, bullying

Learned behaviour / modelling

- Picking up anxious or low-mood responses from others

Genes

- Genetic predisposition can increase vulnerability

Maintenance of MH

Berkshire Healthcare NHS Foundation Trust

- **Avoidance & Reassurance Seeking** → reinforces anxiety/low mood
- **Vicious Cycle** → thoughts, feelings, behaviours keep the problem going
- **Influences at Home** → learned behaviours from parents/carers/other's responses
- **Bullying** → ongoing social stressor
- **Social Media** → comparisons, cyberbullying, constant exposure

Referral Criteria

We can support...

- ✓ Mild to moderate mental health presentations
- ✓ Behavioural difficulties which present mostly at home
- ✓ Worry management
- ✓ Anxiety / avoidance e.g., specific phobias and separation anxiety
- ✓ Low mood
- ✓ Sleep hygiene
- ✓ Problem solving
- ✓ Assessing self-harm and coping strategies (dependent on level of risk)

NHS
Berkshire Healthcare
NHS Foundation Trust

Referral Criteria

We do not…

Provide intervention for:

- Panic disorder
- Social/extensive phobias e.g. blood/needle/emetophobia
- OCD
- Chronic depression
- PTSD
- Anger or pain management
- Attachment difficulties

Assess, diagnose or manage:

- Neurodevelopmental conditions
- Severe, active, and high-risk self- harm or suicidal ideation

Berkshire Healthcare NHS Foundation Trust

Referral Criteria

Berkshire Healthcare NHS Foundation Trust

Neurodiversity

- We can support young people with neurodiversity (E.g. ADHD, Autism)
- If the primary presenting need is linked with neurodiversity, we usually signpost families to organisations (GEMs / Parenting Special Children).
- Once accessed a young person could then be re-referred back
- Adaptions to interventions can be made by clinicians tailored to each individual young person
- If possible, please include details of neurodiversity information on referral forms

GHT Interventions

NHS
Berkshire Healthcare
NHS Foundation Trust

We offer 1:1 support for 12+ and parent-led interventions for primary aged

Adolescent Low Mood (Brief Behavioural Activation)

Adolescent Anxiety (Graded exposure)

Adolescent anxiety (Worry management)

Parent-led child Anxiety (Graded exposure) – Helping Your Child

Parent-led challenging behaviour - Incredible Years

How to refer to CAMHS GHT

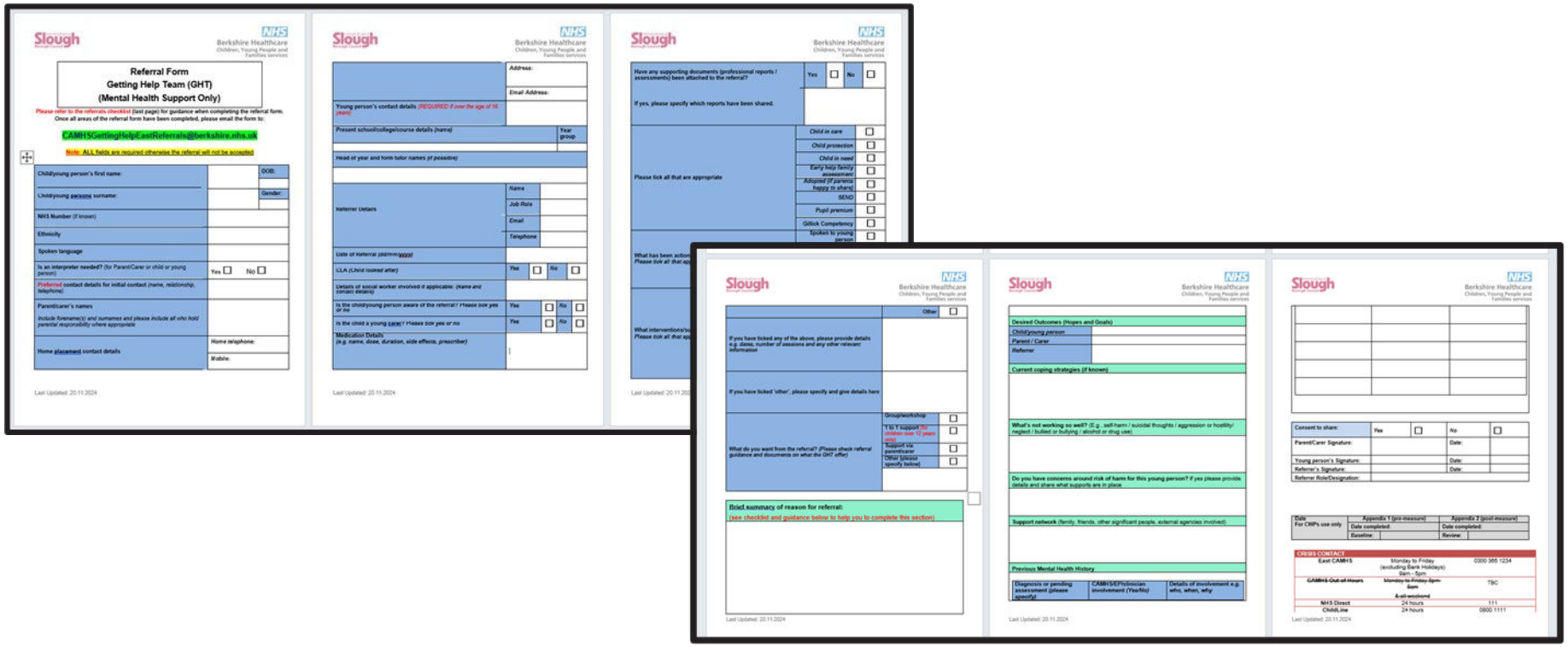
NHS
Berkshire Healthcare
NHS Foundation Trust

1. Mental health need has been identified (e.g., by the GP, school, parents).
2. Parent/ carer or professional to complete the Getting Help referral form (age16+ can self- refer).
3. Completed referral form emailed to CAMHSGettingHelpEastReferrals@berkshire.nhs.uk
4. Referral to be discussed at the weekly GHT referrals meeting. Referrer will then be notified of the outcome of this referral.

If safeguarding concerns are present or there is a need for social care involvement, referrals must be completed via MARF to Slough Children's First

GHT Referral Form

NHS
Berkshire Healthcare
NHS Foundation Trust



Slough
Berkshire Healthcare Children, Young People and Families services

Referral Form
Getting Help Team (GHT)
(Mental Health Support Only)

Please refer to the referrals checklist (last page) for guidance when completing the referral form.
Once all areas of the referral form have been completed, please email the form to:

CAMHSGettingHelpEastReferrals@berkshire.nhs.uk

Note: ALL fields are required otherwise the referral will not be accepted

Child/young person's first name:		DOB:
Child/young persons surname:		Gender:
NHS Number (if known)		
Ethnicity		
Spoken language		
Is an interpreter needed? (for Parent/Carer or child or young person):	Yes ☐ No ☐	
Preferred contact details for initial contact (name, relationship, telephone):		
Parent/carer's names Include forename(s) and surnames and please include all who hold parental responsibility where appropriate		
Home placement contact details	Home telephone: Mobile:	

Last Updated: 20.11.2024

	Address:	
	Email Address:	
Young person's contact details (REQUIRED if over the age of 16 years)		
Present school/college/course details (name)		Year group
Head of year and form tutor names (if possible)		
Referrer Details	Name Job Role Email Telephone	
Date of Referral (dd/mm/yyyy)		
CLA (Child looked after)	Yes ☐ No ☐	
Details of social worker involved if applicable: (Name and contact details)		
Is the child/young person aware of the referral? Please box yes or no	Yes ☐ No ☐	
Is the child a young carer? Please box yes or no	Yes ☐ No ☐	
Medication Details (e.g. name, dose, duration, side effects, prescriber)		

Last Updated: 20.11.2024

Have any supporting documents (professional reports / assessments) been attached to the referral?	Yes ☐	No ☐
If yes, please specify which reports have been shared.		
Please tick all that are appropriate	Child in care ☐ Child protection ☐ Child in need ☐ Early help family assessment ☐ Adopted (if parents happy to share) ☐ SEND ☐ Pupil premium ☐ Gillick Competency ☐ Spoken to young person ☐	
What has been action... Please tick all that ap...		
What interventions/s... Please tick all that ap...		

Last Updated: 20.11.2024

	Other ☐
If you have ticked any of the above, please provide details e.g. dates, number of sessions and any other relevant information	
If you have ticked 'other', please specify and give details here	
What do you want from the referral? (Please check referral guidance and documents on what the GHT offer)	Group/workshop ☐ 1 to 1 support (for children over 12 years only) ☐ Support via parent/carer ☐ Other (please specify below) ☐

Brief summary of reason for referral:
(see checklist and guidance below to help you to complete this section)

Last Updated: 20.11.2024

Desired Outcomes (Hopes and Goals)			
Child/young person			
Parent / Carer			
Referrer			
Current coping strategies (if known)			
What's not working so well? (E.g., self-harm / suicidal thoughts / aggression or hostility/ neglect / bullied or bullying / alcohol or drug use)			
Do you have concerns around risk of harm for this young person? If yes please provide details and share what supports are in place			
Support network (family, friends, other significant people, external agencies involved)			
Previous Mental Health History			
Diagnosis or pending assessment (please specify)	CAMHS/EP/clinician involvement (Yes/No)	Details of involvement e.g. who, when, why	

Last Updated: 20.11.2024

Consent to share:	Yes ☐	No ☐	
Parent/Carer Signature:		Date:	
Young person's Signature:		Date:	
Referrer's Signature:		Date:	
Referrer Role/Designation:			

Date	Appendix 1 (pre-measure)	Appendix 2 (post-measure)
For CMH's use only	Date completed:	Date completed:
	Baseline:	Review:

CRISIS CONTACT		
East CAMHS	Monday to Friday (excluding Bank Holidays) 9am - 5pm	0300 365 1234
~~CAMHS Out of Hours~~	~~Monday to Friday 5pm-9pm~~ & ~~All weekend~~	TBC
NHS Direct	24 hours	111
ChildLine	24 hours	0800 1111

Last Updated: 20.11.2024

Helpful tips for when completing a referral into the GHT

Berkshire Healthcare NHS Foundation Trust

- What is the child / young person's **mental health presentation** – what have you noticed? What are you concerned about? (e.g., low mood, anxiety, worries, thoughts/feelings/behaviours, sleep, impact on day-to-day life, triggers)
- What is the **impact** on the child / young person and their family (e.g., at school, home life, leisure time)
- What **current support** is the child / young person receiving? Have they or the family received **previous support**?
- What are the child's / **young person's hopes** and their **families hopes**?
- Request the **staff member who knows the child/young person the best** to complete / contribute to the referral form (to allow for key information to be shared).
- Complete the form **with the child/young person or the parent if possible**, or at least ensure you have gathered their views. Ensure they have given consent to make the referral.

Referral Example

NHS
Berkshire Healthcare
NHS Foundation Trust

Mental Health aspect **Impact** **Current/Previous support** **Hopes**

James is very **anxious and quiet** child and finds **leaving his mum to come to school particularly difficult**. He will **cry and try to hang on to mum**, so he doesn't have to leave her. The anxiety has gotten worse since James has returned to school from lockdown. We have spoken to mum who reports **James also find it hard to leave** her when outside of school such as when she has to pop out or when they attend birthday parties. James also likes to sleep in his parent's bed and mum is finding it increasingly **difficult to get him to sleep in his own bed at the moment**. In school, James appears **withdrawn** in class and play times and can sometimes **appear visibly upset and tearful**. James will **sometimes report that he feels physically unwell with tummy aches** and his anxiety **is impacting him in the classroom as he finds it hard to concentrate as he is worrying about his mum**. They **previously mentioned ELSA support appeared helpful** at the time, but this anxiety has now gotten to a point where it is impacting both James and his mum on a day-to-day basis and it is making it hard to complete everyday activities. **Mum would like** for James to be able to come into school easier in the mornings and not get so upset.

Task on how to make a suitable referral?

Berkshire Healthcare NHS Foundation Trust

Make a mock referral to our team identifying presentation that would be appropriate for our service. – 20 minutes

Things to think about:

- Presentation (cognitions, physical symptoms, behaviours)
- Any changes to their life
- Impact on their life
- Any current/ previous support
- Anything additional you can think would be helpful for us to know? (Family history/ dynamics?)

Referral Example

Berkshire Healthcare
NHS Foundation Trust

School referral example for anxiety

9-year-old girl experiencing difficulties with worrying too much in the day. Cries when she feels overwhelmed and tends to seek reassurance a lot from teachers and parents. Young person has complained of tummy aches and headaches and mum has reported that she finds it difficult to get to sleep at night and this can be due to overthinking. As a result, young person is missing a lot of school and is now worried about falling behind and doing badly in her classwork. YP reported they sometimes scratch themselves when feeling overwhelmed but this has never needed medical attention and this only occurs on occasion. YP reported this has not happened in over 2 months.

Young person has started going out less and interacts less with her siblings at home who she use to enjoy spending time with. Young person has received no previous support and family are wanting strategies to help with managing worries. Young person wants to enjoy life again and worry less.

Referral Example

NHS
Berkshire Healthcare
NHS Foundation Trust

Primary school referral example for behavioural difficulties

8-year-old boy struggling with behavioural difficulties. Over the past 6-8 months he is starting to answer back more to parents and is ignoring instructions. When he is annoyed or told what to do, he will shout at parents and has started to not share tablet with siblings.

Parents unsure how to manage behaviour and his younger siblings are starting to pick up things too. Parents finding it hard to manage and would like support in how to implement strategies at home before things get worse.

As a result, young person is getting in trouble a lot and losing out on going out with siblings. Young person would like to go out with family more and go to friends birthday parties. Young person previously engaged in ELSA support.

Referral Example

NHS
Berkshire Healthcare
NHS Foundation Trust

Secondary school referral example for low mood

This 13-year-old boy is presenting as very low and depressed. He is no longer engaged in lessons or speaking to his friends and parents reported that he is spending most evenings in his room alone and oversleeping all day on weekends. This YP's grades have dropped and this deterioration has started in the last year. YP has a diagnosis of Autism and is on the waitlist for ADHD. Has thoughts of not wanting to be around anymore but has not shared any intent associated.

YP would like to spend more time with family and friends but says it is not possible right now from feeling tired all the time. Family are worried they are saying the wrong thing to him and would like to know if there is anything wrong or anything has happened to him in the last year. YP signed up for KOOTH a few months ago but unsure if he accessed their support.

CAMHS MHST Schools - Slough

Berkshire Healthcare NHS Foundation Trust

- The Priory
- Beechwood School
- St Ethelberts Catholic Primary School
- Herschel Grammar
- St Marys C of E Primary School
- Ryvers Primary School
- Slough & Eton
- Littledown School
- Holy Family Catholic School
- Wexham Court Primary School
- Pippins Primary School
- Ditton Park
- Slough Virtual School
- Haybrook
- Claycotts Primary
- Montem Academy
- St Anthony's Primary
- Wexham Secondary
- Colnbrook Primary
- Grove Academy
- Willow Primary
- Lynchill Enterprise
- Godolphin Junior Academy
- Baylis Court
- Not in Education, Employment or training (NEET)

MHST 3 Operational January 2026 and will include a further 10 Slough Schools.

Non MHST Schools - Slough

Berkshire Healthcare
NHS Foundation Trust

- Castle View Primary School
- Khalsa Primary School
- Arbour Vale School
- Our Lady of Peace Catholic Primary and Nursery School
- Penn Wood Primary and Nursery School
- The Langley Academy Primary
- Western House Academy
- Willow Primary School
- Eden Girls' School
- St Bernard's Catholic Grammar School
- Upton Court Grammar School (Lascelles Road)
- Windsor Forest Colleges Group

Signposting Services

NHS
Berkshire Healthcare
NHS Foundation Trust

Kooth - Digital mental health support for children in East Berkshire. Supporting young people aged 11-17 years. Home - Kooth

Number 22 - All age community counselling service for children and young people 11+ living in Slough and RBWM. Online referrals (self-referrals accepted) 01628 636661

GEMS - Providing Autism & ADHD Support services in East Berkshire. Home - Gems4health

PSC – Supporting families whose children/young people are neurodivergent and/or have special needs and/or disabilities including early life trauma. About Parenting Special Children | Parenting Special Children

Signposting Services

Berkshire Healthcare NHS Foundation Trust

Sharon - Our **S**upport **H**ope and **R**ecovery/Resources **O**nline **N**etwork (SHaRON) provides a safe digital space for to talk to with peers who have had similar experiences, 24/7:
SHaRON | Berkshire Healthcare NHS Foundation Trust

Further signposting and self-help can be found at:
Apps to help with children and young people's mental wellbeing | Children Young People and Families Online Resource

You can also find information about wider support and specific resources for young people in East Berkshire HERE.

CAMHS Crisis Contacts

Berkshire Healthcare
NHS Foundation Trust

- If a child or young person has seriously injured themselves or you are worried about their immediate safety call 999 or attend your nearest A&E.
- If they require **urgent** mental health support, call our **CAMHS crisis line on 0300 247 0000** (open 24/7) or contact 111 and select option 2.
- If they are requiring **non-urgent** support, contact CAMHS CPE on 0300 365 1234 (Monday-Friday 9am-5pm) ***or*** GHT/MHST on 0300 247 3002 (Monday - Friday 9am-5pm)

Contact us

NHS
Berkshire Healthcare
NHS Foundation Trust

Email

General Enquiries CAMHSGettingHelpEast@berkshire.nhs.uk

Referrals CAMHSGettingHelpEastReferrals@berkshire.nhs.uk

Phone 0300 247 3002

Address Fir Tree House
Upton Hospital
Albert Street
Slough
Berkshire
SL1 2BJ

NHS
Berkshire Healthcare
NHS Foundation Trust

Thank you

Questions…?

Care Quality Commission Inspected and rated Outstanding

#NoExcuseForAbuse

disability confident LEADER

VETERAN AWARE

Stonewall LGBTQ+ INCLUSIVE EMPLOYER TOP 100 2023

RACE EQUALITY MATTERS SILVER TRAIL BLAZER

www.berkshirehealthcare.nhs.uk